

BOONE SUPERIOR II PROBATION DEPARTMENT
PRESENTENCE INVESTIGATION INFORMATION SHEET
AND/OR
ALCOHOL & DRUG INTAKE

Please fill out the following outline completely and honestly.

PERSONAL DATA:

Name _____ Age _____ Date of Birth _____.

Address _____ Place of Birth _____.

City _____ State _____ Zip _____.

Phone Number _____ Cell Phone _____.

Email Address _____.

Social Security Number _____ Race _____.

Gender _____ Height _____ Weight _____ Hair Color _____ Eye Color _____.

Tatoos, Scars, Identifying Marks _____.

_____.

US Citizen: Yes _____ No _____ Alien Status: _____.

Driver's License NO: _____ State of Issue _____.

Contact Persons

1. Name _____ Relation _____.

Address _____.

Phone _____.

2. Name _____ Relation _____.

Address _____.

Phone _____.

IMMEDIATE OFFENSE

Criminal Charge _____

Date of Offense _____ Date of Arrest _____

Arresting Agency _____

Days in Jail _____ Attorney _____

Sentencing Date _____ Blood Alcohol Content _____

VERSION OF THE OFFENSE

Location of the Offense _____

Co-Defendants _____

(Check one) Plea Agreement _____ Court Trial _____ Jury Trial _____

Explain your version of the offense: _____

PRIOR RECORD

Age at first conviction: _____ Ever in IBS/IGS _____

Previous Felony in Indiana? _____ Out of State? _____

Out of State Arrests: _____

Ever charged with Battery or other violent offense? _____

Ever charged with Escape or Juvenile Runaway? _____

Ever had a jail or prison write-up for discipline? _____

Ever had a felony reduced to misdemeanor at sentencing? _____

Were you on probation at the time of your arrest for the present offense? _____ Parole? _____

Previously on Probation? _____ Parole? _____ Any Violations? _____

Is your driver's license currently suspended? _____ Previous Suspensions? _____

Ever been a member of a juvenile or adult gang? _____ Name of Gang: _____

Any relatives or close friends currently serving time in IDOC? _____

For any questions that were answered with a "yes", be sure to provide any available details on the back of this sheet.

Juvenile

Date _____ County _____

Violation (Charge) _____

Disposition _____

Date _____ County _____

Violation (Charge) _____

Disposition _____

Date _____ County _____

Violation (Charge) _____

ADULT

Date _____ County _____.

Violation (Charge) _____.

Disposition _____.

Date _____ County _____.

Violation (Charge) _____.

Disposition _____.

Date _____ County _____.

Violation (Charge) _____.

Disposition _____.

Date _____ County _____.

Violation (Charge) _____.

Disposition _____.

Do you currently have any other charges pending? YES _____ NO _____.

If yes, please explain: _____.

Are you currently on probation? YES _____ NO _____.

If yes, where? _____.

Who is your probation officer? _____.

Traffic Record:

Date_____ Violation_____.

_____.

_____.

How many accidents have you had in the last two years?_____.

Was alcohol involved in any accident? YES _____ NO_____.

FAMILY HISTORY:

Father's Name _____ Phone number _____.

Address _____ Age _____.

City _____ State _____ Zip _____.

Employer _____ Occupation _____.

Mother's Name: _____ Phone number _____.

Address _____ Age _____.

City _____ State _____ Zip _____.

Employer _____ Occupation _____.

Are your parents still married? _____ If not, when did they divorce?_____.

Number of persons in home while you were a child _____.

Was Welfare/Protective Services intervention ever necessary?_____.

Other childhood problems?_____.

Age when you left home: _____ Reason for leaving home:_____.

Step-Father's Name _____ Phone number _____.

Address _____ Age _____.

City _____ State _____ Zip _____.

Employer _____ Occupation _____.

Step-Mother's Name _____ Phone number _____.

Address _____ Age _____.

City _____ State _____ Zip _____.

Employer _____ Occupation _____.

Names of Brothers/Sisters: _____ Age _____ Address _____

Br/Sis _____.

Br/Sis _____.

Br/Sis _____.

Br/Sis _____.

Br/Sis _____.

Describe your family relationship: _____.

_____.

_____.

MARITAL HISTORY

____ Single ____ Married ____ Separated ____ Divorced ____ Living together ____ Widow(er)

Name of Husband/Wife/Partner _____ Age _____

Address _____ Date of Marriage _____

Spouse's Employer _____

Spouse's Employer's Phone No. _____

List names and dates of prior marriages _____

Has any of the following contributed to marital problems: alcohol or drug abuse, sexual abuse, physical abuse, emotional abuse or child abuse. Give details: _____

Names of Children	Age	Address	Supported By
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Do you pay child support? _____ Is it current? _____

Do you or your spouse receive child support? _____ Is it current? _____

HOME AND COMMUNITY (List all your residences in the last 5 years beginning with current home:

Address	Date Resided	Type of Residence

Name(s) and relationship(s) of person(s) currently residing with: _____

Community Organizations you belong to: _____

EDUCATIONAL HISTORY (List all schools attended beginning with most recent):

School	Address	Highest Grade

Last grade completed: _____ Date of Graduation: _____

Ever Suspended from school? _____ Expelled? _____

Reason? _____

Did you participate in any special education classes? _____

If dropped out of school, give reason and date _____

GED Completion Date _____ Where? _____

Do you have any educational goals? _____

EMPLOYMENT HISTORY (for past ten years beginning with present employer):

Present Employer _____ Telephone _____

Address _____

Supervisor _____ Duties _____

Date Employed _____ Salary _____

Work Hours _____ to _____ Do you have health insurance? Yes No

Previous Employer _____ Telephone _____

Address _____

Supervisor _____ Duties _____

Dates Employed _____ Reason for Leaving _____

Previous Employer _____ Telephone _____

Address _____

Supervisor _____ Duties _____

Dates Employed _____ Reason for Leaving _____

List any significant period of unemployment and reason: _____

List Job goals or future employment goals: _____

FINANCIAL STATUS INFORMATION

Own Property? _____ Value\$ _____ Balance owed\$ _____.

Location Address: _____.

Payment of property Mortgage \$ _____

Rent \$ _____

Average Utility Expense:

Gas _____ Electric _____ Water _____
Phone _____ Cable TV _____ Total \$ _____

Food \$ _____

Medical Exp \$ _____

Child Support \$ _____

Credit Card total Debt \$ _____ Monthly Pymt \$ _____

Vehicle Make and Year _____ Car Payment \$ _____

Value\$ _____ Loan Balance\$ _____

2nd Vehicle Make and Year _____ Car Payment \$ _____

Value\$ _____ Loan Balance \$ _____

Other Payments or Expenses _____ \$ _____

Total Expenses \$ _____

Income You \$ _____

Spouse \$ _____

Public Assistance: SSI\$ _____ AFDC\$ _____

WIC\$ _____ Food Stamps \$ _____ Gov't housing\$ _____

Other _____

Total Income \$ _____

Savings/Investment worth \$ _____

Checking account balance \$ _____

If you have no income, what is your current source of support? _____

Total Income reported last year? _____

RELIGIOUS AFFILIATION

What is your religious or spiritual affiliation? (i.e. Christian, Moslem, Native American, Jewish): _____

Name of church last attended _____

Frequency of attendance _____

Did you attend church services as a child? _____

Were you actively religious prior to your arrest? _____

What significance has religion had in your life? _____

INTERESTS AND LEISURE ACTIVITIES

List any hobbies, special interests or membership in clubs and other organizations _____

What do you enjoy doing in your leisure time? _____

MILITARY HISTORY

Branch of Service _____ Highest Rank Attained _____

Date Enlisted _____ Date Discharged _____

Type of Discharge _____

Check if you received any: _____ AWOL _____ Article 15 _____ Court Martial

Explain any disciplinary action: _____

HEALTH CONDITION

Present Physical Condition: _____.

List dates and reasons for hospitalizations: _____.

_____.

List any serious illnesses or injuries: _____.

_____.

List current medications: _____.

List any psychological treatment/counseling received and dates of service: _____.

_____.

Have you ever considered suicide? _____ Yes _____ No

Attempted suicide? _____ Yes _____ No Explain if Yes: _____.

_____.

_____.

_____.

ALCOHOL USE

Age first used alcohol _____ Number of arrests while drinking _____.

How often do you drink? _____ Amount of alcohol you drink _____.

Have you ever been a daily drinker? _____ How long ? _____

Check if you have experienced any of the following:

____ Suffer loss of memory while or after drinking?

____ Had an injury or accident while drinking?

____ Need a drink at a definite time of day?

____ Drink alone?

____ Lose time from work due to drinking?

____ Drink next morning?

____ Had someone complain about your drinking?

Indicate any treatment (including AA) which you have received for your alcohol use: _____.

_____.

_____.

What members of your family have had or currently have alcohol problems?

Name

Relationship

_____.

_____.

DRUG USE:

DRUG USE Indicate frequency, level, how used, and date last used of following drugs:

Substance	Frequency	Average Amount Used	How Used	Date Last Used
ALCOHOL	_____	_____	_____	_____
MARIJUANA	_____	_____	_____	_____
OPIATES	_____	_____	_____	_____
STIMULANTS/COCAINE	_____	_____	_____	_____
INHALANTS/SOLVENTS	_____	_____	_____	_____
DEPRESSANTS	_____	_____	_____	_____
HALLUCINOGENS	_____	_____	_____	_____
PRESCRIBED DRUGS	_____	_____	_____	_____

Do you have a family history of drug use? _____

Have you ever injected drugs? _____ Yes _____ No

Have you ever overdosed? _____ Yes _____ No

What is your drug of choice? _____ Age of first use _____

Name	Relationship
_____	_____
_____	_____
_____	_____

What is your Families' attitude toward alcohol and drug use? _____

Indicate any treatment you have received for your drug use: _____

What is your attitude toward your drinking and/or drug use and attitude toward positive change?

Date

Signature